

<b>Case Number:</b>	CM14-0108018		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male who reported injury on 06/03/2003. The mechanism of injury was the injured worker was lifting heavy rebar. The documentation indicated the injured worker was utilizing opiates as of 2003. The injured worker underwent physical therapy, massage and ultrasound, as well as an MRI of the lumbar and an EMG/nerve conduction study. The injured worker underwent urine drug screen. The injured worker underwent lumbar surgery. The documentation of 05/28/2014 revealed the injured worker's medication regimen was working well and allowing the injured worker to maintain daily function. The injured worker indicated his pain was constant. The diagnoses included lumbosacral spondylosis, post laminectomy, UNS thoracic lumbar, lumbalgia, spinal stenosis and opioid type dependence. The documentation indicated the injured worker's gait was steady. The treatment plan included a refill of Vicodin HP 10/300 #150 with no refill, as well as Lidoderm patches #60 with no refills. The injured worker had a urine drug screen on 03/26/2014 that was consistent. There was no DWC form RFA submitted for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Vicodin HP 10/300mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,, ongoing management Page(s): page 60 page 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2003. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating objective functional improvement and an objective decrease in pain. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Vicodin HP 10/300 #150 is not medically necessary.